

Filing Fee \$70.00

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

**CANCELLATION OF AUTHORITY
TO DO BUSINESS**

(Name of Limited Partnership in Jurisdiction of Organization)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §496, the undersigned foreign limited partnership hereby cancels its authority to do business in the State of Maine and states the following:

FIRST: If different, the name under which the limited partnership applied for authority to do business in the State of Maine pursuant to §524.1.B. or §403.2.B. is

SECOND: The jurisdiction of its organization is _____

THIRD: The date on which it was authorized to do business in the State of Maine is _____

FOURTH: The limited partnership is not as of the date of this application for cancellation doing business in Maine and hereby cancels its authority to do business in this State.

FIFTH: The limited partnership revokes the authority of its registered agent in Maine to accept service of process; it consents that process in any action, suit or proceeding based upon any cause of action arising in Maine prior to the date of filing this application may be served on the Secretary of State after the date of the filing of this application.

SIXTH: The address of the principal or registered office of the limited partnership, wherever located, is

(street, city, state and zip code)

DATED _____

GENERAL PARTNER(S)*

(signature)

(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by
(1) at least one **general partner** OR
(2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**